



Arizona Department of Water Resources
Information Management Unit
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www.azwater.gov

NO FEE

Notice of Well Capping

- ❖ Review instructions prior to completing form in black or blue ink.
- ❖ Within five (5) days after capping an open well, the owner of the well shall file this Notice.

FILE NUMBER

WELL REGISTRATION NUMBER

55 -

**** PLEASE PRINT CLEARLY ****

SECTION 1. REGISTRY INFORMATION

Well Type		Location of Well					
CHECK ONE		WELL LOCATION ADDRESS (IF ANY)					
<input type="checkbox"/> Domestic	<input type="checkbox"/> Monitor / Piezometer	TOWNSHIP (N/S)	RANGE (E/W)	SECTION	160 ACRE	40 ACRE	10 ACRE
<input type="checkbox"/> Stock	<input type="checkbox"/> Geotechnical				1/4	1/4	1/4
<input type="checkbox"/> Irrigation	<input type="checkbox"/> Mineral Exploration	LATITUDE			LONGITUDE		
<input type="checkbox"/> Municipal	<input type="checkbox"/> Other (please specify):	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
		METHOD OF LATITUDE/LONGITUDE (CHECK ONE) <input type="checkbox"/> *GPS: Hand-Held					
		<input type="checkbox"/> USGS Quad Map <input type="checkbox"/> Conventional Survey <input type="checkbox"/> *GPS: Survey-Grade					
		*IF GPS WAS USED, GEOGRAPHIC COORDINATE DATUM (CHECK ONE)					
		<input type="checkbox"/> NAD-83 <input type="checkbox"/> Other (please specify):					
		COUNTY ASSESSOR'S PARCEL ID NUMBER					
		BOOK	MAP	PARCEL			
		COUNTY WHERE WELL IS LOCATED					

SECTION 2. OWNER AND FIRM INFORMATION

Well Owner		Person or Firm Installing the Cap	
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL		FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	
MAILING ADDRESS		MAILING ADDRESS	
CITY / STATE / ZIP CODE		CITY / STATE / ZIP CODE	
CONTACT PERSON NAME AND TITLE		CONTACT PERSON NAME AND TITLE	
TELEPHONE NUMBER	FAX	TELEPHONE NUMBER	FAX

SECTION 3. CASING AND CAPPING INFORMATION

Surface Casing				Capping
OUTER DIAMETER (inches)	MATERIAL (T)			DATE WELL WAS CAPPED
	STEEL	PVC	ABS	TYPE OF CAP
	IF OTHER TYPE, DESCRIBE			MANUFACTURER OF CAP, IF ANY

REMARKS

I HEREBY CERTIFY that the above statements are true to the best of my knowledge and belief.

SIGNATURE OF WELL OWNER

DATE